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COPING WITH INDUSTRY WIDE TRENDS - EFFORTS OF THE MISSOURI MEDICAID PHARMACY PROGRAM

As a result of new drugs, rapidly changing prescribing patterns and increased expenditures in the Missouri Medicaid fee-for-service pharmacy program, the Medicaid program continues to implement a number of administrative measures to ensure the economic and efficient provision of the Medicaid pharmacy benefit. These strategies have been developed through recommendations from a number of sources, including affected state agencies, provider groups, and the pharmaceutical industry. These initiatives, to make sure that Medicaid recipients get the right drug to meet their needs, in the right amount, for the right time period, must be implemented within very short time frames.

PRIOR AUTHORIZATION OF ANTI-ULCER PRODUCTS

This is to inform providers that effective December 1, 2000, the Missouri Medicaid Drug Prior Authorization (PA) Program is being expanded to include two (2) anti-ulcer drug classes – proton pump inhibitors (PPIs) and histamine 2 receptor (H2) antagonists. Effective for service dates on or after December 1, 2000, utilization of any product in either of these two classes beyond the 90th day of therapy will require PA. **Exceptions to this requirement will be utilization of H2 antagonists at a maintenance dose level.**

Pharmacy providers have been receiving alert messages for a number of years which identify patients that have either begun, continued or exceeded a 90 day course of therapy at a therapeutic dose level for H2 antagonists. Patients about whom these alerts have been generated, and who continue to obtain this class of drugs at a therapeutic dose, will be impacted on the date of implementation of the PA restriction. Prescriptions for PPIs will start being counted toward the 90 day therapeutic limit effective for dates of service November 1, 2000, and thereafter.

In order to obtain PA for these products beyond the 90th day of therapy, the prescriber must contact the state agency's Drug Prior Authorization Unit and provide information such as, but not limited to, the following:

- Product and strength requested;
- Diagnosis for which the product is prescribed;
- Whether or not an H. pylori test has been completed and the type of test performed, if appropriate; and the results of such test;
- Anti-ulcer medication(s) tried in that specific patient and the effectiveness of those therapies; and
- Approximate date that patient will complete 90 days of therapy.

Drug prior authorization approvals for these drug categories will be dosage strength specific. If a dosage strength other than that authorized is dispensed, the claim will deny.

Drug PA requests will continue to be accepted via telephone, FAX and mail. However, due to the sophistication of the algorithms for these classes, providers may find it more expedient to telephone requests via the Drug Prior Authorization Hotline at 1-800-392-8030 during the initial implementation phase.

PRIOR AUTHORIZATION OF ADDITIONAL PRODUCTS

Effective for dates of service December 1, 2000, and thereafter, the following drug products will require PA to be reimbursable under the Missouri Medicaid Pharmacy Program:

<u>Product or Category</u>	<u>Allowed Indications</u>
Butorphanol, nasal spray	Override of quantity restriction allowed for medically accepted uses
Drugs used to treat sexual dysfunction	Sexual dysfunction
Modafanil	Medically accepted uses
Orlistat	Dyslipidemia

BUTORPHANOL NASAL SPRAY

Effective for dispensing dates beginning December 1, 2000, a system enhancement will limit payment of Stadol NS® (butorphanol nasal spray) to a maximum of 15 cc (6 canisters) total per 30-day period. Claims exceeding this system limit will deny. If a claim is denying for this reason, providers will receive the EOB message, "Exceeds allowed quantity and/or duration for this restricted product." Any request for drug PA beyond this amount will require a review of patient specific clinical information, provided by the prescribing physician, at the next quarterly meeting of the Drug PA Committee.

DRUGS FOR SEXUAL DYSFUNCTION

To date, only Viagra® (sildenafil citrate) has required PA. Effective with dispensing dates beginning December 1, 2000, this category of drug products has been expanded to require PA for all drugs used to treat sexual dysfunction, including Muse®, Caverject®, and Edex® (alprostadil).

As new products for the treatment of sexual dysfunction become available, they will also be subject to PA.

Prescribers calling for PA of this drug category will be asked to provide drug PA staff with the date of the last complete physical examination. When requesting sildenafil citrate, prescribers will also be asked for any differential diagnosis and the names of any nitrate preparations being used by the patient. When requesting alprostadil, prescribers will also be asked about other preexisting conditions and differential diagnoses.

Effective December 1, 2000, the maximum allowable for Viagra® will be reduced to six(6) doses per 30-day period. Other drug PA approvals for drugs in this category will also be subject to a maximum limit of six (6) doses per 30-day period. A system enhancement limits payment to this amount for dispensings on all drug PA's (existing and newly-issued) for this category.

Claims submitted in accordance with the allowed dispensing guidelines will be paid. This calculated limitation is based on the total doses dispensed in the 30-day period. Those claims exceeding the allowed limitations will be denied. If the claim is denying for this reason, providers will receive the EOB message, "Exceeds allowed quantity and/or duration for this restricted product." This limitation affects pharmacy claims submitted via all media (paper, tape, diskette, or point of service).

ORLISTAT FOR DYSLIPIDEMIA TREATMENT

The criteria for approval of requests for PA of orlistat limit its use to the treatment of dyslipidemia. Documentation required for review includes specific patient information and clinical history regarding the therapies tried and the effect of those therapies on the specific patient's lipid profile. Information necessary for review will include a copy of the patient's lipid profile, which may be provided by FAX. Additionally, prescribers initiating the request will need to provide information about the length of treatment on HMG CoA Reductase Inhibitors, Bile Acid Sequestrants, Fibric Acid Derivatives, and Niacin products; the specific products used in each category; and the patient's lipid profile and liver enzyme levels after treatment with these agents.

MODAFANIL FOR MEDICALLY ACCEPTED USES

The criteria for approval of requests for PA of this product require documentation of appropriate testing to verify the diagnosis provided, as well as information regarding other therapies tried and the patient's response. For example, for the diagnoses of narcolepsy, obstructive sleep apnea and idiopathic CNS hypersomnia, documentation of the results of a polysomnogram and multiple sleep latency test is required and may be submitted via FAX.

DRUG PRIOR AUTHORIZATION PROCEDURES

Drug prior authorization (PA) requests are accepted and responded to via telephone (800-392-8030) or FAX (573-751-2439), Monday through Friday, 8:00 a.m. to 5:00 p.m. except for federal and state holidays. As specified in OBRA 90, drug PA programs must provide a response by telephone or other telecommunication device within 24 hours of a request.

All requests for drug PA must be initiated by a physician or authorized prescriber (advanced practice nurse) with prescribing authority for the drug category for which PA is being requested. All requests must include all required information. The majority of requests received that have sufficient information and are initiated by a physician or authorized prescriber will receive a response either during the requestor's call or by return FAX. Requests received with insufficient information for review or received from someone other than a physician will not initiate a PA review nor the 24-hour response period.

Notification of approval will be given at the time of the call or by return FAX. The requestor will be given a seven-digit PA number and an approval end date. The PA number and the approval end date must be communicated to the dispensing pharmacy either verbally or on the face of the prescription. This information should also be recorded in the patient's medical record, as additional prescriptions written for the approved drug, within the approval period, will also require this information. Pharmacies may record this information for this purpose as well.

Due to the anticipated increase in the volume of calls by requestors to the Drug PA hotline, pharmacies not receiving the PA number and expiration date, or having no record of this information, should contact the prescriber or call the Provider Communications hotline at 800-392-0938. While the drug PA unit has historically attempted to accommodate pharmacies by providing this information when requested, the increase in call volume will preclude this in the future.

For additional information about drug PA procedures, providers may refer to Special Bulletin, Vol. 14, No 7, dated June 12, 1992.

31 DAY MAXIMUM SUPPLY RESTRICTION

This is to inform providers that effective for dates of service December 1, 2000, and after, the State agency is implementing a 31-day maximum supply restriction on claims submitted for prescriptions dispensed to Missouri Medicaid recipients. The following categories are exempt from this restriction:

<u>Drug or Category</u>	<u>Maximum Limitation, if applicable</u>
Antiretroviral agents	
Contraceptives, oral	One year
Drug products limited by packaging requirements	Packaging requirements
Vitamins, Children's	100 days supply
Vitamins, Prenatal	100 days supply

Pharmacy claims submitted for a days supply greater than allowed under this policy will be denied. Quantity restrictions, such as for aspirin and acetaminophen, in effect prior to the December 1, 2000, effective date of this policy, will be removed.

MISSOURI MAXIMUM ALLOWABLE COST (MAC) LIST EXPANSION

This is to inform providers that the Missouri Maximum Allowable Cost (MAC) list is being expanded effective for dates of service December 1, 2000, and thereafter. An up to date listing of generic reimbursement limitations is attached. Any products on this list that also appear on the federal upper limit (FUL) list will be subject to the lower of the two reimbursement rates. A listing of FUL products may be obtained at <http://www.hcfa.gov/medicaid/drug10.htm>.

Please note that the product clozapine will be subject to a generic reimbursement limitation effective December 1, 2000. Due to the special circumstances related to this product and the conditions this product treats, patients currently being maintained on trade name Clozaril® may continue to utilize that product if the prescriber contacts the Drug Prior Authorization Unit to obtain an override to the generic reimbursement limitation. Drug prior authorization requests for patients receiving Clozaril® prior to December 1, 2000, may be requested by prescribers beginning immediately.

For patients being initiated on clozapine therapy on or after December 1, 2000, prescribers must document a generic trial in order to obtain an override to the generic reimbursement limitation.

ATTACHMENT
12-1-2000

MISSOURI MAC

NAME OF DRUG	STRENGTH	M.A.C.
Acetaminophen Oral Drops	100 mg/ml	0.10000/ml
Acetaminophen Oral Elixir	160 mg/5 ml	0.01300/ml
Acetaminophen Chewable Tablets	80 mg	0.04500/tablet
Acetaminophen Tablets	325 mg	0.01000/tablet
Acetaminophen Tablets	500 mg	0.03500/tablet
Acetaminophen w/Codeine Oral Elixir		0.01540/ml
Acetaminophen/Diphenhydramine Tablets	500 mg; 25 mg	0.15000/tablet
Acetylcysteine Inhalation Vial-Neb. 10 ml	100 mg/ml	0.60000/ml
Acetylcysteine Inhalation Vial-Neb. 10 ml	200 mg/ml	0..70000/ml
Acyclovir Capsules	200 mg	0.30000/capsule
Acyclovir Tablets	800 mg	1.20000/tablet
Albuterol Sulfate Inhalation Solution	5 mg/ml	0.50000/ml
Allopurinol Tablets	300 mg	0.34000/tablet
Aminophylline Oral Solution	105 mg/5 ml	0.03000/ml
Aminophylline Tablets	200 mg	0.05000/tablet
Amiodarone HCl Tablets	200 mg	1.40000/tablet
Amitriptyline HCl Tablets	10 mg	0.04000/tablet
Amitriptyline HCl Tablets	25 mg	0.04700/tablet
Amitriptyline HCl Tablets	50 mg	0.05500/tablet

Amitriptyline HCl Tablets	75 mg	0.07500/tablet
Amitriptyline HCl Tablets	100 mg	0.09000/tablet
Amitriptyline HCl Tablets	150 mg	0.21500/tablet
Amitriptyline HCl with Perphenazine Tablets	10 mg; 2 mg	0.04700/tablet
Amitriptyline HCl with Perphenazine Tablets	25 mg; 2 mg	0.04700/tablet
Amitriptyline HCl with Perphenazine Tablets	10 mg; 4 mg	0.06000/tablet
Amitriptyline HCl with Perphenazine Tablets	25 mg; 4 mg	0.06150/tablet
Amoxicillin Trihydrate Capsules	500 mg	0.15950/tablet
Amoxicillin Trihydrate Chewable Tablets	125 mg	0.08000/tablet
Amoxicillin Trihydrate Chewable Tablets	250 mg	0.15000/tablet
Amoxicillin Trihydrate Oral Susp. 80 ml	125 mg/5 ml	0.01100/ml
Amoxicillin Trihydrate Oral Susp. 80 ml	250 mg/5 ml	0.02100/ml
Ampicillin Trihydrate Capsules	250 mg	0.05700/capsule
Ampicillin Trihydrate Capsules	500 mg	0.09600/capsule
Ampicillin Trihydrate Oral Susp. 100 ml	125 mg/5 ml	0.01100/ml
Ampicillin Trihydrate Oral Susp. 200 ml	125 mg/5 ml	0.01100/ml
Antipyrine/Benzocaine Otic Drops 10 ml		0.15000/ml
Aspirin Buffered Tablets	5 gr	0.00750/tablet
Aspirin EC Tablets	5 gr	0.01000/tablet
Aspirin Tablets	5 gr	0.00750/tablet
Aspirin w/Codeine Tablets	30 mg; 325 mg	0.06500/tablet
Aspirin w/Codeine Tablets	60 mg; 325 mg	0.16670/tablet

Azathioprine Tablets	50 mg	1.15000/tablet
Bacitracin/HC/Neomycin Sulfate Ophthalmic Ointment 3.5 gm		0.85710/gm
Bacitracin/Neomycin Sulfate/Polymycin B Topical Ointment 15 gm		0.06930/gm
Bacitracin/Neomycin Sulfate/Polymycin B Topical Ointment 30 gm		0.04800/gm
Bacitracin/Polymyxin B Sulfate Topical Ointment 15 gm		0.10200/gm
Betamethasone Dipropionate Topical Ointment 15 gm	0.05%	0.14000/gm
Bethanechol Chloride Tablets	10 mg	0.30000/tablet
Bethanechol Chloride Tablets	25 mg	0.54000/tablet
Bethanechol Chloride Tablets	50 mg	0.90000/tablet
Bisacodyl Rector Suppositories	10 mg	0.16000/supp.
Bisacodyl Tablets EC	5 mg	0.01700/tablet
Bromocriptine Mesylate Tablets	2.5 mg	1.45000/tablet
Brompheniramine/Phenylpropanolamine HCl Elixir		0.01930/ml
Brompheniramine/Phenylpropanolamine HCl Tablets SR 12 hr	75 mg; 12 mg	0.13000/tablet
Calcium Carbonate Tablets	1.25 gm	0.03000/tablet
Calcium Polycarbophil Tablets	625 mg	0.09500/tablet
Carbidopa/Levodopa Tablets	10 mg; 100 mg	0.18500/tablet
Carbidopa/Levodopa Tablets	25 mg; 100 mg	0.20000/tablet
Carbidopa/Levodopa Tablets	25 mg; 250 mg	0.25500/tablet
Carbinoxamine Maleate; Pseudoephedrine; Dextromethorphan Hbr Oral Drops	4 mg; 60 mg; 15 mg/5 ml	0.10500/ml

Carisoprodol Tablets	350 mg	0.35000/tablet
Cefaclor Capsules	250 mg	0.90000/capsule
Cefaclor Capsules	500 mg	1.80000/capsule
Cefazolin Sodium Injection Vial	500 mg	1.05000/vial
Cefazolin Sodium Injection Vial	10 G	16.0000/vial
Cefazolin Sodium Intrav. Piggyback	1 G	1.65000/vial
Cephalexin Monohydrate Capsules	250 mg	0.10000/capsule
Cephalexin Monohydrate Capsules	500 mg	0.18750/capsule
Chloral Hydrate Capsules	500 mg	0.02630/capsule
Chlorpromazine HCl Tablets	10 mg	0.22000/tablet
Chlorpromazine HCl Tablets	25 mg	0.22500/tablet
Chlorpromazine HCl Tablets	50 mg	0.25000/tablet
Chlorpromazine HCl Tablets	100 mg	0.30000/tablet
Chlorpromazine HCl Tablets	200 mg	0.37500/tablet
Chlorthalidone Tablets	100 mg	0.06100/tablet
Cholestyramine/Aspartame Oral Powder	4 gm	0.15714/gm
Cimetidine HCl Oral Liquid	300 mg/5 ml	0.14000/ml
Clemastine Fumarate Oral Syrup	0.67 mg/5 ml	0.12550/ml
Clemastine Fumarate Tablets	1.34 mg	0.28450/tablet
Clindamycin HCl Capsules	150 mg	0.90000/capsule
Clobetasol Propionate Topical Cream 15 gm	0.05%	0.40000/gm
Clobetasol Propionate Topical Ointment 15 gm	0.05%	0.40000/gm
Clobetasol Propionate/Emollient Topical	0.05%	1.50000/gm

Cream 15 gm

Clonazepam Tablets	0.5 mg	0.20000/tablet
Clonazepam Tablets	1 mg	0.21000/tablet
Clonazepam Tablets	2 mg	0.30000/tablet
Clonidine HCl Tablets	0.1 mg	0.07400/tablet
Clonidine HCl Tablets	0.2 mg	0.10000/tablet
Clorazepate Dipotassium Capsules	3.75 mg	0.80000/capsule
Clorazepate Dipotassium Capsules	7.5 mg	1.10000/capsule
Clorazepate Dipotassium Capsules	15 mg	1.50000/capsule
Clorazepate Dipotassium Tablets	3.75 mg	0.70000/tablet
Clorazepate Dipotassium Tablets	7.5 mg	1.00000/tablet
Clorazepate Dipotassium Tablets	15 mg	1.30000/tablet
Clotrimazole Topical Cream 15 gm	1%	0.38000/gm
Clozapine Tablets	25 mg	0.90000/tablet
Clozapine Tablets	100 mg	1.90000/tablet
Colestipol HCl Powder		0.19807/gm
Cyanocobalamin Injection Vial	100 mcg/ml	0.15000/ml
Cyanocobalamin Injection Vial	1000 mcg/ml	0.07000/ml
Cyclopentolate HCl Ophthalmic Drops 2 ml	1%	2.27000/ml
Cyproheptadine Oral Syrup	2 mg/5 ml	0.03500/ml
Desipramine HCl Tablets	150 mg	0.86930/tablet
Desmopressin Acetate Nasal Spray/Pump	0.1 mg/ml	21.7500/ml
Desoximetasone Topical Ointment 15 gm	0.25%	0.75000/gm
Dexamethasone Oral Elixir	0.5 mg/5 ml	0.09750/ml

Dextromethorphan Hbr; Phenylpropanolamine HCl; Brompheniramine Maleate Oral Syrup	10 mg; 12.5 mg; 2 mg	0.01750/ml
Diclofenac Potassium Tablets	50 mg	1.00000/tablet
Diclofenac Sodium Tablets EC	25 mg	0.30000/tablet
Dicyclomine HCl Tablets	20 mg	0.20000/tablet
Diflunisal Tablets	250 mg	0.50600/tablet
Diflunisal Tablets	500 mg	0.61200/tablet
Diphenoxylate HCl; Atropine Sulfate Oral Liquid	2.5 mg; .025 mg/5 ml	0.06700/ml
Diphenoxylate HCl; Atropine Sulfate Tablets	2.5 mg; .025 mg	0.30000/tablet
Docusate Calcium Capsules	240 mg	0.06000/capsule
Docusate Potassium Capsules	100 mg	0.03800/capsule
Docusate Potassium; Casanthranol Capsules	30 mg; 100 mg	0.04500/capsule
Docusate Sodium Capsules	60 mg	0.03800/capsule
Docusate Sodium Capsules	100 mg	0.02200/capsule
Docusate Sodium Oral Liquid	150 mg/15 ml	0.01700/ml
Docusate Sodium Oral Syrup	60 mg/15 ml	0.00060/ml
Docusate Sodium; Casanthranol Capsules	30 mg; 100 mg	0.02600/capsule
Docusate Sodium; Casanthranol Oral Syrup		0.00700/ml
Doxepin Capsules	10 mg	0.06000/capsule
Doxepin Capsules	25 mg	0.08000/capsule
Doxepin Capsules	50 mg	0.09000/capsule
Doxepin Capsules	75 mg	0.15000/capsule
Doxepin Capsules	100 mg	0.15000/capsule

Doxepin Capsules	150 mg	0.35000/capsule
Doxycycline Hyclate Capsules	50 mg	0.08800/capsule
Electrolyte Oral Solution 540 ml		0.00740/ml
Electrolyte Oral Solution 1000 ml		0.00383/ml
Ephedrine Sulfate and Guaifenesin Syrup		0.02237/ml
Erythromycin Base Tablet EC	250 mg	0.10500/tablet
Erythromycin Base Tablet EC	333 mg	0.28500/tablet
Erythromycin Base Tablet EC	500 mg	0.21000/tablet
Erythromycin Base/Ethanol Topical Gel 30 gm	2%	0.55000/gm
Estropipate Tablets	0.75 mg	0.25000/tablet
Estropipate Tablets	1.5 mg	0.36000/tablet
Etodolac Capsules	200 mg	0.36000/capsule
Etodolac Capsules	300 mg	0.38000/capsule
Etodolac Tablets	400 mg	0.38000/tablet
Etodolac Tablets	500 mg	0.75000/tablet
Ferrous Sulfate Elixir		0.00750/ml
Ferrous Sulfate Oral Drops 50 ml	75 mg/0.6 ml	0.07000/ml
Ferrous Sulfate Tablets	325 mg	0.01240/tablet
Fluocinonide Topical Gel 15 gm	0.05%	0.65000/gm
Folic Acid Tablets	1 mg	0.02000/tablet
Gentamicin Sulfate Ophthalmic Drops 15 ml	0.3%	0.60000/ml
Glyburide Tablets	1.25 mg	0.13000/tablet
Glyburide Tablets	2.5 mg	0.24400/tablet

Glyburide Tablets	5 mg	0.32000/tablet
Guaiifenesin Oral Syrup	100 mg/5 ml	0.01450/ml
Guaifenesin Tablets	200 mg	0.08000/tablet
Guaifenesin Tablets SA	600 mg	0.10000/tablet
Guaifenesin Tablets SR 12H	1200 mg	0.28000/tablet
Guaifenesin; Codeine Phosphate Oral Syrup		0.01500/ml
Guaifenesin; Dextromethorphan HCl Oral Syrup	100 mg; 10 mg/5 ml	0.01780/ml
Guaifenesin; Dextromethorphan HCl; Phenylpropanolamine HCl Oral Syrup		0.02050/ml
Guaifenesin; Hydrocodone Bitartrate Oral Syrup	100 mg; 5 mg/5 ml	0.03000/ml
Guaifenesin; Phenylpropanolamine HCl Tablets SA	400 mg; 75 mg	0.08000/tablet
Guaifenesin; Pseudoephedrine HCl Oral Syrup	100 mg; 30 mg/5 ml	0.02080/ml
Guaifenesin; Pseudoephedrine HCl Tablets	600 mg; 120 mg	0.12000/tablet
Guaifenesin; Pseudoephedrine HCl; Codeine Phosphate Oral Syrup	20 mg	0.01400/ml
Haloperidol Lactate Oral Concentrate 15 ml	2 mg/ml	0.35000/ml
Hydrocodone Bitartrate; Acetaminophen Tablets	5 mg; 500 mg	0.04910/tablet
Hydrocodone Bitartrate; Acetaminophen Tablets	10 mg; 500 mg	0.50000/tablet
Hydrocodone Bitartrate; Acetaminophen Tablets	10 mg; 660 mg	0.45000/tablet
Hydrocortisone Miscell. Powder		2.10000/gm
Hydrocortisone Topical Cream 15 gm	0.5%	0.04000/gm

Hydrocortisone Topical Cream 15 gm	1%	0.12000/gm
Hydrocortisone Topical Lotion 30 ml	0.5%	0.04500/ml
Hydromorphone HCl Tablets	2 mg	0.20000/tablet
Hydromorphone HCl Tablets	4 mg	0.30000/tablet
Ibuprofen Tablets	200 mg	0.03800/tablet
Ibuprofen Tablets	300 mg	0.06060/tablet
Ibuprofen Tablets	400 mg	0.04000/tablet
Ibuprofen Tablets	600 mg	0.05500/tablet
Ibuprofen Tablets	800 mg	0.08000/tablet
Imipramine HCl Tablets	10 mg	0.15000/tablet
Imipramine HCl Tablets	25 mg	0.16000/tablet
Imipramine HCl Tablets	50 mg	0.17000/tablet
Indapamide Tablets	1.25 mg	0.15000/tablet
Ipratropium Bromide Inhalation Solution 2.5 ml	0.2 mg/ml	0.36000/ml
Isosorbide Dinitrate Sublingual Tablets	10 mg	0.01400/tablet
Isosorbide Mononitrate Tablets	20 mg	0.40000/tablet
Isosorbide Mononitrate Tablets SR 24H	60 mg	0.60000/tablet
Ketoconazole Tablets	200 mg	1.55000/tablet
Ketoprofen Capsules	25 mg	0.30960/capsule
Ketoprofen Capsules	50 mg	0.33080/capsule
Ketoprofen Capsules	75 mg	0.42000/capsule
Ketoprofen Capsules SR 24H	200 mg	1.80000/capsule
Levobunolol HCl Ophthalmic Drops 5 ml	0.25%	1.26000/ml

Lindane Topical Lotion	1%	0.10000/ml
Lindane Topical Shampoo	1%	0.10000/ml
Lisinopril Tablets	2.5 mg	0.49930/tablet
Lisinopril Tablets	5 mg	0.74830/tablet
Lisinopril Tablets	10 mg	0.77300/tablet
Lisinopril Tablets	20 mg	0.82730/tablet
Lithium Carbonate Capsules	300 mg	0.22500/capsule
Lithium Carbonate Tablets	300 mg	0.22500/tablet
Loperamide HCl Tablets	2 mg	0.23750/tablet
Lorazepam Tablets	0.5 mg	0.35000/tablet
Lorazepam Tablets	1 mg	0.45000/tablet
Lorazepam Tablets	2 mg	0.65000/tablet
Loxapine Succinate Capsules	5 mg	0.48000/capsule
Loxapine Succinate Capsules	10 mg	0.67000/capsule
Loxapine Succinate Capsules	25 mg	1.00000/capsule
Loxapine Succinate Capsules	50 mg	1.50000/capsule
Magnesium Hydroxide Oral Suspension	80 meq/30 ml	0.00500/ml
Meclizine Tablets	50 mg	0.07320/tablet
Meprobamate Tablets	200 mg	0.04000/tablet
Meprobamate Tablets	400 mg	0.15000/tablet
Methocarbamol Tablets	500 mg	0.20000/tablet
Methocarbamol Tablets	750 mg	0.25000/tablet
Methylphenidate HCl Tablets	10 mg	0.37500/tablet
Methylprednisolone Tablets	4 mg	0.40430/tablet

Metoclopramide HCl Oral Solution	5 mg/5 ml	0.02480/ml
Minoxidil Tablets	2.5 mg	0.20000/tablet
Minoxidil Tablets	10 mg	0.30000/tablet
Multivitamins Chewable Tablets		0.03000/tablet
Multivitamins Oral Drops		0.06000/ml
Multivitaminns Oral Liquid		0.04000/ml
Multivitamins with Fluoride Oral Drops	0.25 mg/ml	0.06000/ml
Multivitamins with Fluoride Oral Drops	0.5 mg/ml	0.06000/ml
Multivitamins with Fluoride Chewable Tablets	0.5 mg	0.04000/tablet
Multivitamins with Fluoride Chewable Tablets	1 mg	0.04000/tablet
Multivitamins with Fluoride/Iron Chewable Tablets	1 mg	0.04000/tablet
Multivitamins with Iron Chewable Tablets		0.04000/tablet
Multivitamins with Iron Oral Drops		0.07500/ml
Nadolol Tablets	120 mg	0.50000/tablet
Nadolol Tablets	160 mg	0.60000/tablet
Naproxen Tablets EC	375 mg	0.75000/tablet
Naproxen Tablets EC	500 mg	0.90000/tablet
Naproxen Sodium Tablets	220 mg	0.08000/tablet
Niacin Tablets	25 mg	0.00500/tablet
Niacin Tablets	50 mg	0.00650/tablet
Niacin Tablets	100 mg	0.01140/tablet
Nicardipine HCl Capsules	20 mg	0.20000/capsule

Nicardipine HCl Capsules	30 mg	0.30000/capsule
Nitroglycerin Capsules SA	2.5 mg	0.04060/capsule
Nitroglycerin Capsules SA	6.5 mg	0.05100/capsule
Nitroglycerin Capsules SA	9 mg	0.05850/capsule
Nitroglycerin Sublinqual Tablets	0.3 mg	0.07000/tablet
Nitroglycerin Sublinqual Tablets	0.4 mg	0.07000/tablet
 Nystatin w/Triamcinolone Topical Cream 120 gm		0.10000/gm
 Nystatin w/Triamcinolone Topical Ointment 120 gm		0.10000/gm
Orphenadrine Citrate Tablets SA	100 mg	1.20000/tablet
Orphenadrine with Aspirin and Caffeine Tablets	25 mg; 385 mg; 30 mg	0.60000/tablet
Orphenadrine with Aspirin and Caffeine Tablets	50 mg; 770 mg; 60 mg	0.75000/tablet
Oxazepam Capsules	10 mg	0.30000/capsule
Oxazepam Capsules	15 mg	0.47000/capsule
Oxazepam Capsules	30 mg	1.15000/capsule
Oxycodone with Aspirin Tablets	4.88 mg; 325 mg	.17630/capsule
Papaverine HCl Capsules SA	150 mg	0.03500/capsule
Penicillin G Potassium Buffered U.S.P. Tablets	800,000 Units	0.06400/tablet
Penicillin V Potassium Oral Suspension Reconstituted 100 ml	125 mg/5 ml	0.01100/ml
Penicillin V Potassium Oral Suspension Reconstituted 100 ml	250 mg/5 ml	0.01200/ml
Pentoxifylline Tablets SA	400 mg	0.30000/tablet

Phenazopyridine HCl Tablets	100 mg	0.08000/tablet
Phenazopyridine HCl Tablets	200 mg	0.11000/tablet
Phenobarbital Oral Elixir	20 mg/5 ml	0.00600/ml
Phenobarbital Tablets	15 mg	0.00700/tablet
Phenobarbital Tablets	30 mg	0.01000/tablet
Phenobarbital Tablets	60 mg	0.01300/tablet
Phenobarbital Tablets	100 mg	0.01800/tablet
Phenylpropanolamine with Chlorpheniramine Capsules SA	75 mg; 12 mg	0.41000/capsule
Phenylephrine HCl; Chlorpheniramine Maleate; Hydrocodone Bitartrate Oral Syrup	5 mg; 2.5 mg; 2 mg	0.02400/ml
Potassium Chloride Oral Liquid	20 meq/15 ml	0.00400/ml
Povidone-Iodine Topical Ointment	10%	0.06700/gm
Povidone-Iodine Topical Solution	10%	0.00900/ml
Prenatal Vitamins and 1 mg Folic Acid		0.21300/tablet
Probenecid Tablets	500 mg	0.55000/tablet
Probenecid w/Colchicine Tablets		0.25000/tablet
Procainamide HCl Capsules	375 mg	0.07430/capsule
Procainamide HCl Capsules	500 mg	0.08480/capsule
Procainamide HCl Tablets	250 mg	0.06830/tablet
Promethazine HCl Tablets	25 mg	0.02500/tablet
Promethazine HCl Tablets	50 mg	0.04500/tablet
Propoxyphene HCl Capsules	65 mg	0.13000/capsule
Propoxyphene HCl; Acetaminophen Tablets	100 mg; 650 mg	0.22000/tablet

Propoxyphene HCl; Aspirin; Caffeine Capsules	65 mg	0.11000/capsule
Propranolol HCl Tablets	10 mg	0.02000/tablet
Propranolol HCl Tablets	20 mg	0.02500/tablet
Propranolol HCl Tablets	40 mg	0.03000/tablet
Propranolol HCl Tablets	60 mg	0.04000/tablet
Propranolol HCl Tablets	80 mg	0.05000/tablet
Pseudoephedrine HCl Tablets	30 mg	0.03370/tablet
Pseudoephedrine HCl Tablets	60 mg	0.03500/tablet
Pseudoephedrine Sulfate Tablets SA	120 mg	0.25000/tablet
Pseudoephedrine HCl; Chlorpheniramine HCl Capsules SA	120 mg; 80 mg	0.26000/capsule
Pseudoephedrine HCl; Chlorpheniramine HCl Oral Liquid		0.01200/ml
Pseudoephedrine Sulfate; Dexbrompheniramine MaleateTablets SR 12H	120 mg; 6 mg	0.098140/tablet
Psyllium Oral Powder		0.00900/gm
Psyllium/Sucrose Oral Powder		0.02100/gm
Psyllium Seed/Sucrose Oral Packets		0.11340/gm
Quinine Sulfate Capsules	325 mg	0.06800/capsule
Quinine Sulfate Tablets	260 mg	0.20000/tablet
Ranitidine HCl Tablets	150 mg	0.15000/tablet
Ranitidine HCl Tablets	300 mg	0.35000/tablet
Reserpine; Hydrochlorothiazide Tablets	0.125 mg; 25 mg	0.01400/tablet
Reserpine; Hydrochlorothiazide Tablets	0.125 mg; 50 mg	0.01500/tablet
Salsalate Tablets	500 mg	0.06880/tablet

Salsalate Tablets	750 mg	0.08250/tablet
Selegiline HCl Capsules	5 mg	1.70000/capsule
Senna/Docusate Sodium Tablets		0.11000/tablet
Sennosides A & B, Calcium Tablets	8.6 mg	0.03100/tablet
Silver Sulfadiazine Topical Cream 1000 gm	1%	0.04420/gm
Simethicone Chewable Tablets	80 mg	0.04500/tablet
Sodium Chloride for Inhalation Vial 3 ml	0.45%	0.04000/ml
Sodium Chloride for Inhalation Vial 3 ml	0.9%	0.04170/ml
Sodium Chloride Injection Vial 10 ml	0.9%	0.10000/ml
Sodium Chloride Intravenous IV Solution 250 ml	0.9%	0.017360/ml
Sodium Fluoride Chewable Tablets	1 mg	0.01000/tablet
Sodium Salicylate Tablets E.C.	5 gr	0.01400/tablet
Sodium Salicylate Tablets E.C.	10 gr	0.02150/tablet
Sucralfate Tablets	1 gm	0.30000/tablet
Sulfinpyrazone Tablets	100 mg	0.30000/tablet
Temazepam Capsules	15 mg	0.30000/capsule
Temazepam Capsules	30 mg	0.31000/capsule
Terazosin HCl Capsules	1 mg	1.15000/capsule
Terazosin HCl Capsules	2 mg	1.15000/capsule
Terazosin HCl Capsules	5 mg	1.15000/capsule
Terazosin HCl Capsules	10 mg	1.15000/capsule
Theophylline Anhydrous Tablets SR 12H	450 mg	0.29400/tablet
Thioridazine HCl Oral Concentrate 120 ml	100 mg/ml	0.32210/ml
Thioridazine HCl Tablets	10 mg	0.09000/tablet

Thioridazine HCl Tablets	15 mg	0.19500/tablet
Thioridazine HCl Tablets	25 mg	0.10900/tablet
Thioridazine HCl Tablets	50 mg	0.20000/tablet
Thioridazine HCl Tablets	100 mg	0.22500/tablet
Thioridazine HCl Tablets	150 mg	0.60000/tablet
Thioridazine HCl Tablets	200 mg	0.90000/tablet
Ticlopidine HCl Tablets	250 mg	0.90000/tablet
Tolmetin Sodium Tablets	200 mg	0.30000/tablet
Tolmetin Sodium Tablets	400 mg	0.65000/tablet
Tretinooin Topical Cream 20 gm	0.025%	1.27000/gm
Tretinooin Topical Cream 20 gm	0.05%	1.42000/gm
Tretinooin Topical Cream 20 gm	0.1%	1.66000/gm
Tretinooin Topical Liquid 28-30 ml	0.05%	1.61000/ml
Triamcinolone Acetonide Topical Lotion 60 ml	0.025%	0.16000/ml
Triamterene; Hydrochlorothiazide Capsules	25 mg; 37.5 mg	0.31000/capsule
Tripeleannamine HCl Tablets	50 mg	0.05630/tablet
Valproic Acid Capsules	250 mg	0.22500/capsule
Verapamil HCl Tablets	120 mg	0.07000/tablet
Water for Irrigation, Sterile Solution 500 ml		0.00968/ml
Water for Injection, Sterile IV Solution 1000 ml		0.10000/ml
Water for Injection, Bacteriostatic Vial 10 ml		0.10000/ml